

Water, Distribution & Wastewater Operator Certification Application

Examination or Reciprocity
IOWA DEPARTMENT OF NATURAL RESOURCES

401 SW 7th St., Suite M, Des Moines IA 50309

Program Phone # 515/725-0284

Program Fax #515/725-0348

Program Email: laurie.sharp@dnr.iowa.gov

DNR Cashier
Use Only

Type or Print Legibly

Name: _____ Home Phone _____
(Last) (First) (Middle Initial)

Home Address: _____ Work Phone _____
(Street Number and Name; Box Number)

(City) (State) (Zip) Email _____

GENERAL INSTRUCTIONS

- Exams are available electronically at IDNR Field Offices.
- An incomplete or illegible application will be returned unprocessed.
- If you are eligible upon the program's receipt of your application form, the application will remain valid for one year from the date it was processed. **All applications are subject to audits.**
- Upon receipt of your application by IDNR, you will receive a phone call to arrange an examination date & time.

Each separate exam requires a \$30 processing fee.

Make check or money order payable to: **Iowa Department of Natural Resources**

Mail your application and fees to:
Operator Certification
P.O. Box 14573
Des Moines IA 50306-3573

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number										

I am applying for the following exam(s): (Circle the Appropriate Exam)

Small Water Systems	Grade A			
Water Treatment	1	2	3	4
Water Distribution	1	2	3	4
Wastewater Treatment	1	2	3	4
Lagoon	1	2	3	4

I am applying for Reciprocity for the following certificate(s): _____

(Reciprocity applicants must fill out the entire application & pay \$30 fee per certificate.)

Exam Location Preference (Circle One): Manchester Mason City Spencer
Atlantic Des Moines Washington

I HEREBY CERTIFY that this application contains no willful misrepresentations or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected, my certificate will be revoked, and I will be disqualified from applying in the future for any certification under the jurisdiction of:

IOWA DEPARTMENT OF NATURAL RESOURCES

Signature in Ink

Date

EDUCATION

Do you have a high school diploma or GED? Yes ☐ No ☐

Name & Location of Post Secondary School	Field of Study	Degree Obtained

Note: Transcripts must be attached for Post Secondary credit.

Continuing Education Courses

Title & Location of Training	Dates	CEUs Awarded

Please attach any additional education records.

EMPLOYMENT RECORD

READ CAREFULLY!

List your water or wastewater treatment work experience in detail beginning with your present or last employment and continuing in reverse time order. If have held two or more positions for the same plant or different levels of responsibility or with different duties, please list and describe them separately.

REMEMBER: The information you provide in "Duties" is used to determine your eligibility to take the examination. You must describe your job in great detail so that we can fairly and accurately evaluate your employment history.

If you are a lab technician, mechanic, or electrician that worked in a treatment plant and was involved in some operation activities; specify the percentage of time involved in plant operation.

"OPERATOR IN CHARGE" means person or persons on-site directly responsible for a plant or distribution system.

"DIRECT RESPONSIBLE CHARGE" means, where shift operation is not required, accountability for and performance of active, daily on-site operation of the plant, or of a major segment of a plant. Where shift operation is required, "direct responsible charge" (DRC) for operators means accountability for and performance of active, daily on-site operation of an operating shift, or a major segment of the plant.

A city manager, superintendent of public works, city clerk, council member, business manager, or other administrative official is not deemed to have direct responsible charge of a system or facility or to be the operator in charge of a system or facility unless their duties include the active, daily on-site operation of the system or facility. (On-site operation may not necessarily mean full-time attendance at the plant or distribution system.)

EMPLOYMENT RECORD:

JOB TITLE _____ SUPERVISOR _____
EMPLOYER _____
ADDRESS _____ CITY _____ STATE _____
TYPE OF SYSTEM: _____ GRADE _____
HIRE DATE (Month/ Year) _____ To _____ HOURS PER WEEK _____

DNR USE ONLY

DUTIES (BE SPECIFIC:)

Grade 4 Applicants Only: (Refer to definition for Direct Responsible Charge)

Were you in DIRECT RESPONSIBLE CHARGE? Yes ☐ No ☐ How many years? _____

To whom did you report? _____

(Name)

(Phone number)

JOB TITLE _____ SUPERVISOR _____
EMPLOYER _____
ADDRESS _____ CITY _____ STATE _____
TYPE OF SYSTEM: _____ PLANT GRADE _____
HIRE DATE (Month/ Year) _____ To _____ HOURS PER WEEK _____

DNR USE ONLY

DUTIES (BE SPECIFIC:)

Grade 4 Applicants Only: (Refer to definition for Direct Responsible Charge)

Were you in DIRECT RESPONSIBLE CHARGE? Yes ☐ No ☐ How many years? _____

To whom did you report? _____

(Name)

(Phone number)

JOB TITLE _____ SUPERVISOR _____
EMPLOYER _____
ADDRESS _____ CITY _____ STATE _____
TYPE OF SYSTEM: _____ PLANT GRADE _____
HIRE DATE (Month/ Year) _____ To _____ HOURS PER WEEK _____

DNR USE ONLY

DUTIES (BE SPECIFIC:)

Grade 4 Applicants Only: (Refer to definition for Direct Responsible Charge)

Were you in DIRECT RESPONSIBLE CHARGE? Yes ☐ No ☐ How many years? _____

To whom did you report? _____

(Name)

(Phone number)

If applying for Reciprocity, please include the following information:

State in which you are seeking reciprocity from: _____

Contact name and phone number: _____

Current Certificate Type _____ Grade _____ # _____

IDNR USE ONLY

Reciprocity Notes

Eligible for the following exam(s) or reciprocity

NOT eligible for the following exam(s) or reciprocity

Reasons for eligibility or ineligibility

Evaluated By: _____ Date: _____